County: La Crosse HILLVIEW HEALTH CARE CENTER 3501 PARK LANE DRIVE LA CROSSE 54601 Phone: (608) 789-4800 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/00): 199 Total Licensed Bed Capacity (12/31/00): 222 Number of Residents on 12/31/00: 183 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 184 ******************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00) %
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year	35. 5 45. 9
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 39. 3	Under 65 65 - 74	5. 5 10. 9	More Than 4 Years	18. 6
Respite Care	No No	Mental Illness (Other)	9. 3	75 - 84 85 - 94	30. 6	*****	100.0
Adult Day Care Adult Day Health Care	No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemi pl egi c	0. 0 0. 5	95 & 0ver	42. 1 10. 9	Full-Time Equivale	nt
Congregate Meals Home Delivered Meals	Yes No	Cancer Fractures	1. 1 2. 7		100. 0	Nursing Staff per 100 R (12/31/00)	esi dents
Other Meals Transportation	Yes No	Cardi ovascul ar Cerebrovascul ar	17. 5 7. 7	65 & 0ver	94. 5	RNs	18. 3
Referral Service Other Services	No No	Di abetes Respi ratory	2. 7 0. 0	Sex	%	LPNs Nursing Assistants	2. 6
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	19. 1	Male Female	33. 9 66. 1	Ai des & Orderlies	39. 6
Provi de Day Programming for			100. 0	генате			
Developmentally Disabled	No	*******	******	******	100.0	*******	*****

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			ri vate	Pay		Manage	ed Care		Percent
			Per Die	em		Per Die	m		Per Die	em		Per Dien	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	3	33. 3	\$143.00	8	7. 2	\$116.46	2	66. 7	\$135. 13	3	5. 2	\$149.00	1	50. 0	\$250.00	17	9. 3%
Skilled Care	6	66. 7	\$120.00	92	82.9	\$99. 01	1	33. 3	\$114.84	47	81.0	\$126.00	1	50.0	\$170.00	147	80. 3%
Intermedi ate				11	9. 9	\$81. 56	0	0.0	\$0.00	8	13.8	\$115.00	0	0.0	\$0.00	19	10. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	9	100.0		111	100. 0		3	100.0		58	100.0		2	100.0		183	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Independent Private Home/No Home Health 8. 5 Daily Living (ADL) One Or Two Staff Dependent Resi dents Private Home/With Home Health 18. 7 Bathi ng 10.4 45. 4 44. 3 183 Other Nursing Homes 8. 1 Dressi ng 13. 1 45.9 41.0 183 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 63.4 36. 1 34. 4 29. 5 183 30.6 0.0 Toilet Use 31. 7 37.7 183 0.0 Eating 68. 3 20. 2 183 11.5 ****** Other Locations 1.3 Total Number of Admissions 235 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 7. 7 15.8 Private Home/No Home Health 22.7 Occ/Freq. Incontinent of Bladder 53.6 0. 5 Private Home/With Home Health 27.3 Occ/Freq. Incontinent of Bowel 27. 9 0. 5 Other Nursing Homes 0.8 1. 1 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 6.3 Mobility 1.6 Physically Restrained 12.6 29.0 0.00.0 Other Locations 1.3 Skin Care Other Resident Characteristics Deaths 41.6 With Pressure Sores 4. 4 Have Advance Directives 86.9 Total Number of Discharges With Rashes 23. 5 Medi cati ons 238 Receiving Psychoactive Drugs (Including Deaths) 69. 4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	This Government) 0+	Ski l	led	Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82. 9	82. 7	1.00	80. 6	1. 03	84. 1	0. 99	84. 5	0. 98
Current Residents from In-County	89. 1	85. 7	1.04	83. 1	1.07	83. 5	1. 07	77. 5	1. 15
Admissions from In-County, Still Residing	26. 8	34. 4	0. 78	26. 5	1.01	22. 9	1. 17	21. 5	1. 25
Admissions/Average Daily Census	127. 7	67. 7	1. 89	107. 9	1. 18	134. 3	0. 95	124. 3	1.03
Discharges/Average Daily Census	129. 3	72. 5	1. 78	108. 6	1. 19	135. 6	0. 95	126. 1	1.03
Discharges To Private Residence/Average Daily Census	64. 7	23. 7	2. 73	45. 4	1. 42	53. 6	1. 21	49. 9	1.30
Residents Receiving Skilled Care	89. 6	83. 9	1. 07	88. 0	1. 02	90. 1	0. 99	83. 3	1.08
Residents Aged 65 and Older	94. 5	83. 5	1. 13	87. 7	1.08	92. 7	1. 02	87. 7	1.08
Title 19 (Médicaid) Funded Residents	60. 7	77. 2	0. 79	70. 6	0. 86	63. 5	0. 95	69 . 0	0.88
Private Pay Funded Residents	31. 7	17. 9	1. 77	23. 8	1. 33	27. 0	1. 17	22. 6	1.40
Developmentally Disabled Residents	0. 0	3. 4	0.00	2. 9	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	48. 6	56. 6	0.86	46. 8	1.04	37. 3	1. 30	33. 3	1.46
General Medical Service Residents	19. 1	14. 3	1. 33	15. 4	1. 24	19. 2	0. 99	18. 4	1.04
Impaired ADL (Mean)	51. 6	50.8	1.02	49. 4	1. 04	49. 7	1.04	49. 4	1.04
Psychological Problems	69. 4	61. 2	1. 13	56. 4	1. 23	50. 7	1. 37	50. 1	1. 39
Nursing Care Required (Mean)	9. 6	6. 6	1. 45	7. 3	1. 32	6. 4	1.48	7. 2	1.34